Name in Full: Mary E. Bell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

1904

Died at: Town: Leitersburg — County: Washington

Date of death 1904 — Month: Dec. — Day: 10 — Age — Years: 38 — Months: 1 — Days: 14

Sex: Female. — Color or Race: White. — Birthplace: Leitersburg

Occupation: Seamstress — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Isac. Bell. — Father's Birthplace: Leitersburg

Mother's Maiden Name: Rebecca. Stephey. — Mother's Birthplace: Leitersburg

Name of person giving Information: Rebecca Bell — How related to deceased: Mother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Consumption — How long: 18 mos.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. Wishard

Address: Leitersburg, Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full

Certificate of Death

Ann Alice T. Biggs

Died at Smithsburg Town, Washington County, MARYLAND

Date 1904 Month Dec Day 10 | Age Y. 54 M. 8 D. | Native of Md Co. Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | ~~Divorced~~ | Number of children living

Husband Wife of Charles Biggs

Father's Name Aaron Bachtell | Mother's Maiden Name Elizabeth Auter

Cause of Death: Primary Tuberculosis | How long sick Several years

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by Elizabeth Bachtell

Address Smithsburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70503

Name in Full: Emanuel Bomberger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 12; Day: 31; 1904

Age: Years: 73; Months: 1; Days: 18

Sex: male; Color or Race: white; Birthplace: Md.

Occupation: Book-Keeper; Where Residing if not at place of death: —

Married, Single or Widowed: widower; Name of Wife or Husband: Martha A Bomberger

Father's Name: Jacob Bomberger; Father's Birthplace: Md

Mother's Maiden Name: not known; Mother's Birthplace:

Name of person giving In formation: Frank Bomberger; How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 66; How long: 8

Immediate: Paralysis; How long: Heard work 6

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J M Scott

Address: Hagerstown.

Accident or Suicide?

LIBRARY BUREAU A66816

Buried
in
Woodstock

Name in Full: Bertha Bonner

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: Month 12 — Day 17 — 1904

Age — Years: 16 — Months: 7 — Days:

Sex: female — Color or Race: white — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Frank Bonner — Father's Birthplace: Penna

Mother's Maiden Name: Sarah Boward — Mother's Birthplace: Md.

Name of person giving In formation: Dora Swavely — How related to deceased: sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: about 1 yr.

Immediate: Tuberculosis — How long: One year

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: E. W. Schindel

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A99016

Name in Full: George Bowers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Funkstown — County: Washington

Date of death: Month — Day: 24 — Year: 90

Age — Years: 58 — Months: — — Days: — —

Sex: Male — Color or Race: White — Birthplace: East Va

Occupation: Day Laborer — Where Residing if not at place of death: Funkstown

Married, Single or Widowed: — — Name of Wife or Husband: Susan Bowers

Father's Name: George Bowers — Father's Birthplace: Dont know

Mother's Maiden Name: Martha Bowers — Mother's Birthplace: Hagerstown

Name of person giving Imformation: Joseph Bowers — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer (95) — How long: Some months

Immediate: Consumption — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. J. Mumford

Address: Funkstown Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Martha B Brice

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 12; Day: 3; Age: Years: 4; Months: —; Days: 9

Sex: female; Color or Race: white; Birthplace: md.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: single; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Brice; Father's Birthplace: Md.

Mother's Maiden Name: Mary Carnes; Mother's Birthplace:

Name of person giving information: Wm Brice; How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever; How long: 2 weeks

Immediate: Spasms; How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H-K. Derr

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full: Sarah Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Clear Spring — County: Wash

Date of death: Month: 12 — Day: 16 — 1904

Age: Years: 77 — Months: — Days: —

Sex: Female

Color or Race: Colored

Birthplace: Pa

Occupation: Housewife

Where Residing if not at place of death: Kennet Sq P

Married, Single or Widowed: Widow

Name of Wife / Husband: ~~Ethan Brooks~~

Father's Name: Perry Jamason

Father's Birthplace: Pa

Mother's Maiden Name: Julia Boyde

Mother's Birthplace: Pa

Name of person giving Information: Calib Jamison

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Croupous Pneumonia — How long: 12 Days

Immediate: Heart Failure — How long: Sudden

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. P. Perry

Address: Clear Spring Md

Accident or Suicide?

93

LIBRARY BUREAU A86516

Name in Full: George Richard Burk. No 231

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown Milan ff; County: Washington

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: Dec	Day: 26	Years: Age 12	Months: 11	Days: 13
Sex: Male.	Color or Race: White	Birthplace: Washington Co Md			
Occupation:		Where Residing If not at place of death:			
Married, Single or Widowed: Single.	Name of Wife or Husband:				
Father's Name: Richard F. Burk.		Father's Birthplace: W. Va.			
Mother's Maiden Name: Annie Frizz Murry.		Mother's Birthplace: Md			
Name of person giving Information: Richard Burk		How related to deceased: Father			

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism		How long: 2 weeks
Immediate: Endocarditis		How long: 5 weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: Theo. Boose MD	
	Address: Williamsport, Md	
Accident or Suicide?		

LIBRARY BUREAU A99516

Name in Full: Geo B. Byers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 12 — Day: 8 — Age: Years: 25 — Months: — Days:

Sex: male — Color or Race: white — Birthplace: Md.

Occupation: Harness maker — Where Residing If not at place of death:

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Joseph Byers — Father's Birthplace: N. Va.

Mother's Maiden Name: Annie E. Ford — Mother's Birthplace: Md.

Name of person giving In formation: Jos Byers — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 2 Years

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. K. Dess

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Collins Infant

CERTIFICATE OF DEATH

MARYLAND

Died at: Hancock (Town) — Washington (County)

Date of death 1904: Month Dec — Day 29

Age: Years — Months — Days

Sex: Male — Color or Race: White — Birthplace: Hancock

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edison B Collins — Father's Birthplace: Virginia

Mother's Maiden Name: Mary Baldwin — Mother's Birthplace: Tennessee

Name of person giving Information: Edwin B Collins — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: S. — How long

Immediate: Infancy — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P E Sluyter

Address: Hancock Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Emanuel Hagenbart

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Boonsboro — County: Washington

Date of death 1904: Month: December — Day: 16

Age: Years: 81 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Boonsboro

Married, ~~Single or Widowed~~ — Occupation: Cooper.

Name of Wife or Husband

Father's Name: Samuel Hagenbart — Father's Birthplace: Wash. Co

Mother's Maiden Name: Mary Thomas — Mother's Birthplace: " "

Name of person giving In formation: Mrs M. S. Bitner — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Senile Gangrene — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. T. Smith

Address: Boonsboro Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Frank Diffendaffer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lanes Rew — County: Wash

Date of death: 1904 — Month: 12 — Day: 1 — Age — Years: — Months: 3 — Days:

Sex: Male — Color or Race: White — Birthplace: Ind.

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Frank Diffendaffer — Father's Birthplace: Pa.

Mother's Maiden Name: Charlotte Forsythe — Mother's Birthplace: Ind.

Name of person giving In formation: Henry Forsythe — How related to deceased: Grand Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis — How long: 1 Wks.

Immediate: Convulsions — How long: 30

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. H. C. Foster

Address: Clearspring Maryland.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Abraham Ditto

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkhead; County: Wash'g

Date of death: 1904 Month: 12 Day: 7

Age: Years: 58 Months: 11 Days: 2

Sex: Male

Color or Race: White

Birthplace: Pa

Occupation: Farmer

Where Residing if not at place of death: Parkhead

Married, ~~Single~~ or Widowed

Name of Wife or Husband: Elizabeth Oliver

Father's Name: James Ditto

Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Seibert

Mother's Birthplace: Md

Name of person giving information: Elizabeth Ditto

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever

How long: 9 weeks

Immediate: Pneumonia

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P. Elwood Steiger

Address: Hancock Md

Frantz Bobs

Accident or Suicide? Undertaker

LIBRARY BUREAU A88516

Name in Full: Benj. F. Fiery

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 12; Day: 10; 1904

Age: Years: 84; Months: 6; Days: 4

Sex: male; Color or Race: white; Birthplace: Md.

Occupation: Ret. Farmer; Where Residing if not at place of death:

Married, Single or Widowed: married; Name of Wife or Husband: Ann S.

Father's Name: Jacob Fiery; Father's Birthplace: Md.

Mother's Maiden Name: Susan Startzman; Mother's Birthplace: "

Name of person giving In formation: Jennie Fiery; How related to deceased: daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia; How long: 3 Weeks

Immediate: General Failure; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. J. Nixon

Address: Hagerstown Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88816

Name in Full: Ernest Fogle

CERTIFICATE OF DEATH

MARYLAND

Town or District: Smithsburg

County: Wash

Date of death 1904: Month Dec. Day 8

Age: Years 80 Months 6 Days 29

Sex: Male

Color or Race: White

Birthplace: Hesse Castle Germany

Occupation: Farming

Married, ~~Single~~ or ~~Widowed~~

Name of Wife or Husband: Ernest. Fogle,

Father's Name: John. Fogle,

Father's Birthplace: Unknown,

Mother's Maiden Name: Margaret. Baker,

Mother's Birthplace: . . .

Name of person giving In formation: Henry C. Baker,

How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dropsy Thumt Diem — How long

Immediate: Heart Failure — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Jackson

Address: Smithsburg Maryland

Accident or Suicide?

LIBRARY BUREAU A89316

Name in Full: Josiah Gabriel

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cearfoss; County: Washington

Date of death 1904: Month: Dec; Day: 22; Age: Years: 72; Months: 5; Days:

Sex: Male; Color or Race: White; Birthplace: Cearfoss

Married, Single or Widowed: Single; Occupation: Farmer

Name of Wife or Husband:

Father's Name: Josiah Gabriel; Father's Birthplace:

Mother's Maiden Name: Catharine; Mother's Birthplace: Cearfoss

Name of person giving In formation: E. J. Gabriel; How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis; How long: 66

Immediate:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Victor D. Miller

Address: Mason Dixon, Pa.

Accident or Suicide?

LIBRARY BUREAU A59816

Name in Full: Richard Garrish No 230

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Williamsport — County: Washington

Date of death 1904: Month: Dec — Day: 4 — Age: Years: 1 — Months: — Days: 18

Sex: Male — Color or Race: White — Birthplace: Williamsport

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or Widowed — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Benj Garrish — Father's Birthplace: Wmsprt

Mother's Maiden Name: Retha Rice — Mother's Birthplace: "

Name of person giving Information: Jos B Garrish — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Insanity — How long: Lifetime

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. M. West MD

Address: Williamsport Maryland

Accident or Suicide?

LIBRARY BUREAU A88810

Name in Full: Gillece(M.P)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hancock — County: Washington

Date of death: Month: Dec — Day: 28 — Years: — Months: — Days: —

Age

Sex: Female — Color or Race: White — Birthplace: Hancock.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas Gillece — Father's Birthplace: Hancock

Mother's Maiden Name: Mary Siler — Mother's Birthplace: Hancock

Name of person giving information: Thomas Gillece — How related to deceased: Father

CAUSES OF DEATH

Primary: Short Umbilical Cord. — How long: —

Immediate: Twisted cord. — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. E. Tabler

Address: Hancock. Md.

Accident or Suicide: —

LIBRARY BUREAU A66516

Name in Full: Charlotte Ema Closs

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Chambersburg — County: Washington

Date of death 1904 — Month: Dec — Day: 22 — Age — Years: 2 — Months: 10 — Days: 25

Sex: Female — Color or Race: White — Birthplace: Chambersburg

Occupation: ——— — Where Residing if not at place of death: "

Married, Single or Widowed: Single — Name of Wife or Husband: ———

Father's Name: William G Closs — Father's Birthplace: Chambersburg

Mother's Maiden Name: Ema Whittington — Mother's Birthplace: "

Name of person giving Information: Wm G Closs — How related to deceased: Father

19

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute ~~Diffuse~~ Diffuse Nephritis — How long: Abt 2 wks

Immediate: ——— — How long: ———

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. M. Gumbert

Address: Chambersburg, Md.

Accident or Suicide?

LIBRARY BUREAU A66318

Eugene Marker.
Undertaker.

Name in Full: Infant Child.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hancock — County: Washington

Date of death 1904 — Month: Dec — Day: 24 — Age: Years — Months — Days

Sex: Male. — Color or Race: Black — Birthplace: MD.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Evans — Father's Birthplace: MD.

Mother's Maiden Name: Rosie Williams — Mother's Birthplace

Name of person giving information: Edward Evans S. — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dystocia — How long

Immediate: Dystocia (contracted Pelvis) — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L. Tabler

Address

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Still Born Child of Frank E. Harne

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: 1904 — Month: 12 — Day: 14 — Age: Years — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Frank E Harne — Father's Birthplace: Md

Mother's Maiden Name: Nettie E Furey — Mother's Birthplace: Md

Name of person giving In formation — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: S. — How long —

Immediate — — How long —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: N. Preston Miller

Address: Hagerstown, Md

Accident or Suicide? —

LIBRARY BUREAU A66816

Name in Full: ~~Mrs~~ Anna Moore Hickman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Keedysville; County: Washington

Date of death: Month: Dec; Day: 14; 1904

Age: Years: 65; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: New York Washington Co

Occupation: Toll Gate Keeper

Where Residing if not at place of death: Keedysville

Married, Single or Widowed: Widow

Name of ~~Wife~~ or Husband: Cornelius Hickman

Father's Name: — Edmonds —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Aunt Caroline Sherman

How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer

How long: 2 yrs

Immediate: Mal nutrition

How long: 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: S. S. Davis

Address: Boonsboro Md

Accident or Suicide?

LIBRARY BUREAU A8051a

Name in Full: Elizabeth Hines

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boonsboro — County: Washington

Date of death: Month: Dec — Day: 3 — 1904

Age: Years: 83 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Washington Co Md

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Elias Hines

Father's Name: John Miller — Father's Birthplace: Washington Co Md

Mother's Maiden Name: Catharine Easterday — Mother's Birthplace: " " "

Name of person giving information: Mrs John R Fletcher — How related to deceased: niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age — How long: 15y

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Wheeler M D

Address: Boonsboro Washington Co Maryland

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Mrs Helen Hughes Keller

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: Month: 12 — Day: 8 — Years: 66 — Months: — — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: H. W. — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: B. Frank Keller

Father's Name: Hugh R. Hughes — Father's Birthplace: Md.

Mother's Maiden Name: Catherine Betts — Mother's Birthplace: "

Name of person giving Information: Bessie C Keller — How related to deceased: daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Heart Disease — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. P. Slauffer

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A85016

Name in Full: Kathern Fissinger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Leitersburg — County: Washington

Date of death: Month: Dec. — Day: 14 — Age: Years: 77 — Months: 6 — Days: 6

Sex: Female. — Color or Race: White. — Birthplace: Leitersburg

Occupation: House Keeper. — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: George Fissinger. — Father's Birthplace:

Mother's Maiden Name: Elizabeth Altic. — Mother's Birthplace:

Name of person giving information: William Gilbert — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: 10 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. A. Wishard

Address: Leitersburg, Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Clarence E Klotten

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Wash

Date of death: Month 12 — Day 22 — Years: Age about 23 — Months: — — Days: —

Sex: male — Color or Race: White — Birthplace: N.Y.

Occupation: Salesman — Where Residing if not at place of death: Cortland N.Y.

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Not Known — Father's Birthplace:

Mother's Maiden Name: " " — Mother's Birthplace:

Name of person giving In formation: C E Suter — How related to deceased: none.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: asphyxiation by illuminating gas (suicide) — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas B Boyle

Address: Hagerstown Md.

~~Accident or~~ Suicide? Suicide

LIBRARY BUREAU A68618

Cortland Ny

Name in Full: Margaret A. Knepper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clear Spring; County: Wash

Date of death 1904: Month: 12; Day: 7; Age: Years: 66; Months: 10; Days:

Sex: Female; Color or Race: White; Birthplace: Md.

Occupation: Seamstress; Where Residing if not at place of death:

~~Married~~, Single, ~~or Widowed~~; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm. T. Knepper; Father's Birthplace: Pa.

Mother's Maiden Name: Heater Hoover; Mother's Birthplace: Pa.

Name of person giving information: Myrtle Knepper; How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malignant Fibroid Tumor; How long: 10 yrs

Immediate: Asthenia; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. D. Mason

Address: Clearspring Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full

Certificate of Death

Nicholas. Robertson

Died at Town: Hagerstown County: Washington MARYLAND

Date 1924 Month: 12 Day: 5

Age Y. 83 M. 2 D. 17

Native of Germany Occupation Shoemaker

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband of Wife Margaret Robertson

Father's Name D K

Mother's Name D K

Cause of Death: Primary Cirrhosis of Liver — How long sick six weeks

Immediate Dropsy Heart failure — ~~Accident, Suicide, Homicide~~

Reported by L. E. Pfannebecker 1126

Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Anne Susan Lake

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Clear Spring; County: Washington

Date of death: 1904; Month: 12; Day: 9

Age: Years: 74; Months: 10; Days:

Sex: Female

Color or Race: Colored

Birthplace: Ind.

Occupation: Housewife

Where Residing if not at place of death: Clear Spring

~~Married, Single~~ or Widowed

Name of ~~Wife~~ or Husband: Moses Lake

Father's Name: Carey

Father's Birthplace: Ind.

Mother's Maiden Name: Ann Easter

Mother's Birthplace: Ind.

Name of person giving information: Jessie Sanders

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy

How long: Four days

Immediate: Exhaustion

How long: Two days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Abraham Shank

Address: Washington Co. Md.

Clear Spring

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full: Peruano Tiny Maloney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Powell — County: Washington

Date of death: Month: December — Day: 25th — Year: 1904 — Age: Years: 30 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Pennsylvania

Occupation: Laborer — Where Residing if not at place of death: Same

Married, Single or Widowed: single — Name of Wife or Husband:

Father's Name: Thos. Maloney — Father's Birthplace: Ireland

Mother's Maiden Name: Mary Maloney — Mother's Birthplace: Ireland

Name of person giving Information: F. J. Conroy — How related to deceased: friend

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: accidental burning. — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P. Edwood Shipers.

Address: Hancock, Md.

Accident or Suicide?

LIBRARY BUREAU A88818

CERTIFICATE OF DEATH

Name in Full: Carl Davis Miller

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Fairplay — County: Washington — MARYLAND

Date of death: 1904 — Month: Dec — Day: 2nd — Age: Years: 3 — Months: 3 — Days: 5th

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Edgar C. Miller — Father's Birthplace: Md

Mother's Maiden Name: Mary Davis — Mother's Birthplace: Md

Name of person giving Information: — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Meningitis — How long: 10 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: V. M. Reichard

Address: Fairplay.

Accident or Suicide?

LIBRARY BUREAU A85516

Name in Full: Louisa Catherine Miller

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Boonsboro	(County)	Washington		
Date of death 1904	Month: 12	Day: 10	Age — Years: 82	Months: 9	Days: 17
Sex	Female	Color or Race	White	Birthplace	Germany
Married, Single or Widowed	Widow	Occupation	None		
Name of ~~Wife~~ or Husband	William N. Miller				
Father's Name	——— Hellenhouser	Father's Birthplace	Germany		
Mother's Maiden Name	———	Mother's Birthplace	Germany		
Name of person giving Information	Mrs. Fanny Wagoner	How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Catarrhal Stomatitis	How long	2 mos.
Immediate	Gen. Debility.	How long	4 mos.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. S. Davis
		Address	Boonsboro Md
Accident or Suicide?			

LIBRARY BUREAU A69316

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Wm Thomas Morrison

Died at: Town: Robertsville; County: Washington; Md

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: 12	Day: 23	Age: Years 32	Months 10	Days 13
Sex: Male	Color or Race: White		Birthplace: Locust Grove		
Occupation: Day Laborer	Where Residing if not at place of death: Robertsville				
Married, Single or Widowed	Name of Wife or Husband: Gertie Hawn				
Father's Name: Wm H Morrison			Father's Birthplace: Don't Know		
Mother's Maiden Name: Sophia C Irvin			Mother's Birthplace: Locust Grove		
Name of person giving Information: Mrs Sophia C Clapp			How related to deceased: Mother		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Constitutional Predisposition	How long: 32 yrs	
Immediate: Pulmonary Consumption	How long: 3 years	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: W. M. Nihiser	
	Address: Keedysville Md	
~~Accident or Suicide?~~		

LIBRARY BUREAU A88516

Name in Full: Geo Edward Moser

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washingto

Date of death: 1904; Month: 12; Day: 27

Age: Years: 4; Months: ; Days: 7

Sex: Male; Color or Race: White; Birthplace: Md

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Geo E Moser; Father's Birthplace: Md

Mother's Maiden Name: Minnie E Hartman; Mother's Birthplace: Md

Name of person giving Information:

How related to deceased:

1905

1905

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro intestinal Catarrh; How long: One week

Immediate: Exhaustion; How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician:

Address:

Accident or Suicide?

LIBRARY BUREAU A66818

Name in Full: Anna Sherick Newcomer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904 Month: Dec Day: 24

Age: Years: 68 Months: 6 Days: 2

Sex: Female

Color or Race: White

Birthplace: Sharpsburg, Md.

Occupation:

Where Residing if not at place of death:

~~Married, Single~~ or Widowed

Name of Wife or Husband: Victor A. Newcomer

Father's Name: Joseph Sherick

Father's Birthplace: Sharpsburg, Md.

Mother's Maiden Name: Sarah Hamm

Mother's Birthplace: Wash. Co.

Name of person giving information: F. D. Newcomer

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Arteriosclerosis

How long: 5 months

Immediate: General exhaustion.

How long: 14 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. D. Newcomer

Address: Funkstown, Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Mrs Delia Carrie Howel No 228

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Williamsport — County: Washington

Date of death: Month: Dec — Day: 3 — 1907

Age: Years: 50 — Months: 3 — Days: 2

Sex: Female — Color or Race: White — Birthplace: Tuckstone Md

Occupation: housekeeper — Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or Husband: Joseph Howel

Father's Name: Thos Weller — Father's Birthplace: Millsboro

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Jos. Howel — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: Some years

Immediate: Apoplexy — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. S. Richardson

Address: Williamsport Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A66616

Name in Full: Robert Henry Pittinger

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hagerstown — County: Washington

Date of death: Month: 12 — Day: 18 — 1904

Age: Years: 78 — Months: — — Days: 27

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: School Teacher

Where Residing if not at place of death:

Married, Single or Widowed: Widower

Name of Wife or Husband: Mary A Mayhugh

Father's Name: Abraham Pittinger

Father's Birthplace: Pa

Mother's Maiden Name: Jane McClain

Mother's Birthplace: Pa

Name of person giving information: Mrs Seibert

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General debility — 154

How long: Some weeks

Immediate: General debility —

How long: Some months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno B Hoy M.D.

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88816

Boarding –

Name in Full: Albert G Reed

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: 1904; Month: 2; Day: 2; Age: Years: 1; Months: 6; Days:

Sex: Male; Color or Race: Colored; Birthplace: Md

Occupation: Child; Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Thomas Reed; Father's Birthplace: Va

Mother's Maiden Name: Ada Whiting; Mother's Birthplace: Md

Name of person giving Information: Ada Reed; How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long: 6 mos

Immediate: Whooping Cough; How long: 4 wks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician:

Address:

H. C. Hunan
Funeral Director

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Francis E. Rinear

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Funkstown — County: Washington

Date of death 1904 — Month: Dec — Day: 7. — Age — Years: — Months: — Days: 10

Sex: Female — Color or Race: White — Birthplace: Funkstown

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Howard Rinear — Father's Birthplace: Boonsboro

Mother's Maiden Name: Ida E. Pearell — Mother's Birthplace: Boonsboro

Name of person giving Imformation: J. Atty — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature child. — How long: ten days

Immediate: Inanition, & faulty circulation. — How long: ten days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr F. S Newcomer.

Address: Funkstown, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Ernest Schnull

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown — County: Washington

Date of death 1904: Month: 12 — Day: 19 — Age: Years — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Edwarlen Schnull — Father's Birthplace: Va

Mother's Maiden Name: Marie Grantz — Mother's Birthplace: Pa

Name of person giving information: Charles L. Schnull — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Immature Birth S. — How long: —

Immediate: — — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Victor D. Miller Jr.

Address: Hagerstown, Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Martin P. Scott

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Wash.

Date of death 1904 — Month: 12 — Day: 30 — Years: Age 81 — Months: 6 — Days: 18

Sex: male — Color or Race: white — Birthplace: Va

Occupation: Retired — Where Residing if not at place of death:

Married, Single or Widowed: widower — Name of Wife or Husband: Caroline P. Bernard Scott

Father's Name: Floyd Scott — Father's Birthplace: Va.

Mother's Maiden Name: Elizabeth Picket — Mother's Birthplace: "

Name of person giving information: J. Bernard Scott — How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 120 — How long:

Immediate: Uraemic Poisoning — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: A. S. Mason

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Fredericksburg Va

Name in Full: James. P. Siler No 229

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Williamsport County: Wash.

Date of death: 1904 Month: Dec. Day: 20 Age: Years: 62 Months: 8 Days: 13

Sex: Male Color or Race: white Birthplace: Berkley W. Va

Occupation: Hotel Where Residing if not at place of death: Williamsport Md

Married, Single or Widowed: Widower Name of Wife or Husband: Mary. S. Siler

Father's Name: John. Siler Father's Birthplace: Berkley W. Va

Mother's Maiden Name: May Hilen Mother's Birthplace: " "

Name of person giving In formation: Charles J. Siler How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever How long: Three weeks

Immediate: Prostration How long: —

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: W S Richardson

Address: Williamsport Md

Accident or Suicide?

LIBRARY BUREAU A99816

Name in Full: Not named

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt. Carmel — County: Cecil

Date of death 190 4 — Month: Dec — Day: 13

Age — Years: — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Mt Carmel

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo. Snyder — Father's Birthplace: md

Mother's Maiden Name: Anna Miller — Mother's Birthplace: "

Name of person giving information: Geo. Snyder — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Position S. — How long:

Immediate: Suffocation — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: L. S. Davis

Address: Boonsboro Md

Accident or Suicide? —

LIBRARY BUREAU A88518

Name in Full: Crawford W Spickler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fairview Md. County: Washington

Date of death: 1904 Month: Dec. Day: 5th

Age: Years: 8 Months: 8 7 Days: 13

Sex: Male. Color or Race: White Birthplace: Brodfording

Occupation: None. Where Residing if not at place of death:

Married, Single or Widowed: Child Name of Wife or Husband: —

Father's Name: Samuel T Spickler. Father's Birthplace: Conyers Md.

Mother's Maiden Name: Maggie V. Wiklord Mother's Birthplace: Fairview "

Name of person giving In formation: Harry B Chrisman How related to deceased: Father's Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typic Peritis. 104 How long: Forty Eight hours

Immediate: Effusion of Brain How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Harry B Chrisman

Address: Welsh Run Penna.

Accident or Suicide? No

A Mangans & Son

LIBRARY BUREAU A88518

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Adaline Swales

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 12; Day: 6; 1904

Age: Years: 78; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: House work.

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: James Swales

Father's Birthplace: Md

Mother's Maiden Name: Catherine Richard

Mother's Birthplace: Md

Name of person giving Information: George Zeigler 120

How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Disease of Heart & Kidneys — How long: Several years

Immediate: Exhaustion — How long: One week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. W. Bagaee

Address: Hagerstown Md

Accident or Suicide? No

LIBRARY BUREAU A6851S

Name in Full: Sweeney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pearre — County: Washington

Date of death: Month: Dec — Day: 22 — 1904

Age: Years: — Months: — Days: —

Sex: male — Color or Race: white — Birthplace: Pearre

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: babies — Name of Wife or Husband: —

Father's Name: Mike Sweeney — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Dr Tabler — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature. — How long: —

Immediate: Undeveloped — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. E. Tabler

Address: Hancock Md

Accident or Suicide? —

LIBRARY BUREAU A63016

Name in Full: Coban Thurston

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death 1 90 : Month: 12; Day: 16

Age: Years: 5 3; Months: ; Days:

Sex: Male; Color or Race: White; Birthplace: Va

Occupation: Brick Layer; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Lucretia

Father's Name: Wm J Thurston; Father's Birthplace: Md

Mother's Maiden Name: Virginia Bartleson; Mother's Birthplace: Va

Name of person giving Information: ; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia (Coban) — How long: 2 days

Immediate: Exhaustion — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. P. Miller

Address: Hagerstown, Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Elie Wades.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boonsboro County: Washington

Date of death 190 4: Month: Dec. Day: 8th. Age: Years: 72 Months: 11 Days: 27

Sex: Male. Color or Race: Caucasian Birthplace: Maryland

Married, Single or Widowed: Widowed Occupation: Farmer

Name of Wife or Husband: Frances Ann Wades

Father's Name: John Henry Wades Father's Birthplace: Maryland

Mother's Maiden Name: Nancy A. Crampton Mother's Birthplace: Maryland

Name of person giving information: J. Hubert Wades How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer How long: 10 years

Immediate: Hypostatic Congestion How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Hubert Wade, M.D.

Address: Boonsboro. Maryland

Accident or Suicide? No

LIBRARY BUREAU A88319

Name in Full: Gertrude Eliz. Wilkes

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bellvue — County: Washe.

Date of death: Month: 12 — Day: 19 — 1904

Age — Years: 30 — Months: 7 — Days: 27

Sex: female — Color or Race: White — Birthplace: Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Frederick Wilkes — Father's Birthplace: Md.

Mother's Maiden Name: Ruth Ann Grosh — Mother's Birthplace: "

Name of person giving information: Ed Wilkes — How related to deceased: brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 27

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W B Morrison

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Edith Williams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month 12; Day 26

Age: Years 1; Months —; Days 26

Sex: Female

Color or Race: Colored

Birthplace: Md

Occupation: Child

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: John W. Williams

Father's Birthplace: W. Virginia

Mother's Maiden Name: Nettie Beck

Mother's Birthplace: Pennsylvania

Name of person giving Information: John Williams

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia

How long: 1 week

Immediate: "

How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. Preston Miller

Address: Hagerstown Md.

~~Accident or Suicide?~~

LIBRARY BUREAU AB3515

Name in Full: Walter F. Wissinger

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: 12 — Day: 31 — Age — Years — Months → — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death →

Married, Single or Widowed — Name of Wife or Husband →

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Walter Wissinger — Father's Birthplace: Md

Mother's Maiden Name: Jennie F. Smith — Mother's Birthplace: Md

Name of person giving information: S. — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born — How long —

Immediate: — — How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm Purvis Miller

Address: Hagerstown md

Accident or Suicide?

LIBRARY BUREAU A68510

Name in Full: Albert Thyand

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Benevola — County: Washington

Date of death 1904 — Month: 12 — Day: 24th — Years: 37 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Washington Co.

Occupation: Farmer — Where Residing if not at place of death:

Married, ~~Single or Widowed~~ — Name of Wife ~~or Husband~~: Anna Bertner

Father's Name: Joshua Thyand — Father's Birthplace: Washington Co.

Mother's Maiden Name: Anna Miller — Mother's Birthplace: " "

Name of person giving Information: Anna Thyand — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: one year

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. G. Lovell

Address: Benevola

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Christian F. Young.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Hagerstown County: Wash.

Date of death 1904: Month: 12 Day: 16 Age: Years: 5-6 Months: 8 Days: 4

Sex: male Color or Race: White Birthplace: Penna.

Occupation: Engineer Where Residing if not at place of death:

Married, Single or Widowed: widower Name of Wife or Husband:

Father's Name: Not Known Father's Birthplace: N. C.

Mother's Maiden Name: Not Known Mother's Birthplace: " "

Name of person giving In formation: W. C. Kerr How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Concussion of brain accidental How long:

Immediate: Exhaustion How long: 38 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address: D. H. O'Rogan
Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A66816